


Congestive Heart Failure in General Practice



- Congestive heart failure (CHF) will be the most serious cardiac health problem of the century (2–3 mill. in Germany) (Dietz 2003)
- Only 20% obtain adequate treatment (Dietz 2003)
- Discontinuity and mal-coordination of care (Moser 2000)

Chronic Care Model



Source: <http://www.improvingchroniccare.org/change/model/components.html> 10.06.2004

Case Management



...Case Management is a clinical, educative, and social service provided to *individual* clients with high needs.

(Wagner 2003)

Components of Case Management



1. Identification of relevant patients
2. Assessment of patients' needs
3. Plan of treatment
4. Co-ordination of care
5. Monitoring of effects

(Norris 2002)

What are the effects of a primary care Management on mortality of patients with CHD

- **Review:** (Gensichen et al. 2004)
 - » 462 (studies) -> 23 (included) -> 7 (meta-analysis)
- **Mortality**
 - » Reduction in 6 months time - Relative Risk (RR) = 0.65 [0.44 – 0.94]
- **(QoL)**
 - » Improvement in 6 months time
- **(Costs/ Hospital days)**
 - » Reduction in 12 months time
- **Limitation: Selection, Outcomes, Setting**



Case Management in "Berlin Practice Team Study"



We are running a **RCT** to prove the effects of **GP-based CM** for patients with **CHF** (150 - 200 GP-teams and 1,500 patients)

- **Nurse-aids as Case Manager (CM)** with a training in essentials of CHF and communication
- CM is based at the **general practice**
- CM offers a **telephone-monitoring** on symptoms and adherence
- CM is the **partner of the patient** concerning questions on symptoms, side effects, and motivation for their adherence
- After each patient contact **CM and GP are planning** next procedure together

HiMoL – Heart insurance Monitoring List



... its targets:

- 1) Clinical assessment
- 2) Monitoring of adherence and outcomes

... it is a toolbox for the practice-team:

- **Checklists and Manual for**
 - » **Telephone monitoring**
 - » **Outreach / home visits**

Telephone Checklist - Structure



- 19 items
 - » Clinical questions to the patient
 - » + Feedback to the patient
 - » + Assessment by the Case Manager
 - » + Report to the doctor
 - » + Doctor's information for the Case Manager
- based on „EbM guideline for CHF in primary care“ (Muth 2004 in progress)
 - » e.g. dyspnoe, orthopnoe, weight, symptoms on arrhythmia, infections and adherence

Telephone Checklist - Action

Stratified **action** based on **urgency**



Kompetenzbereich
Herzinsuffizienz

Telefon-Fragebogen

Datum des Telefonats: _____

Name des Patienten: _____

Name der Case Managerin: _____

	Bericht zum Arzt	Fernkontakt mit	Bericht an Arzt über	Übersicht
1. Haben Sie Luftnot in Ruhe?				
Ja -> Wie lange haben Sie diese Luftnot schon?				
Seit Stunden	■			
Seit Tagen		■		
Seit dem letzten Kontakt oder länger			■	
Nein ->				■

- **Émergency** -> stop the contact -> **connect to the GP immediately**
- **Urgency** -> regular end of the contact -> **consultation within 24h**
- **Cave** -> regular end of the contact -> **special report to the GP**
- **O.k** -> regular end of the contact -> **regular report to the GP**

HiMoL

Home-Visit Checklist and Manual



Home-Visit Checklist is idem to telephone checklist:

- + Clinical data assessment
- + Motivation for adherence

Manual

- Information for the Case Manager

Evaluation of HiMol - Method



- **Step 1: expert processing**

Literature review, EbM-guideline CHF in PHC, draft

- GP, MPH, M.Sc.Educ.
- Physician, MPH. (cardiology)
- Nurse-Aid, (Diploma in Health Education)

- **Step 2: users' check**

Interviews with 7 well-experienced Nurse-Aids

- **Step 3: feasibility study**

Test with GP-teams (4 rural, 1 urban); patients (14 NYHA II/III, 1 NYHA I, 1 NYHA IV); 28 telephone contacts reported

Evaluation of HiMol - Results (1.)



- Results: users' check
 - » „The tool is clear, (...) practicable, (...) patient-centered, (...) self-explanatory, (...) improving the communication of the team“
- Results: feasibility study - Nurse Aids
 - » Comprehensibility (1-6, mean) = 1.75
 - » Workability (1-6, mean) = 1.8
 - » Appropriate layout (1-6, mean) = 1.75
- Results: feasibility study – GP
 - » Clearness (1-6, mean) = 1.75
 - » Workability (1-6, mean) = 2.5
 - » Useful for patient (1-6, mean) = 2.8

Evaluation of HiMol - Results (2.)



- Results: feasibility study - qualitative data (28 telephone reports):
 - » 1 x other intercurrent diseases
 - » 1 x syncope
 - » 1 x irregular heartbeat
 - » 1 x adherence trouble
 - » 6 x symptoms of infection



HiMol - Conclusions

- **HiMol** is a tool to improve the process of care for patients with CHF
 - » It is of **practical** use in the daily work of a GP-team
 - » It is providing **relevant clinical information** to the GP

THANK YOU!

Who wants to check HiMol with his practice-team?
gensichen@allgemeinmedizin.uni-frankfurt.de